Health Canada Santé Canada

Centres of Excellence for Children's Well-Being

PROGRAM GUIDE

Prepared by the Centres' Secretariat
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Canada

Our mission is to help the people of Canada maintain and improve their health.
Health Canada

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1. INTRODUCTION

The purpose of this Program Guide is to provide the sponsoring organizations, as well as their key partners, with a clear elaboration of the parameters of the Centres of Excellence for Children's Well-Being Program.

The program elements set out in this guide describe the expectations of the Government of Canada and of the Minister of Health for all Centres of Excellence. They will form the basis for recommendations for refinements to the five Centres' proposals and workplans over their five-year mandate and should be reflected in all aspects of work planning, including the development of accountability frameworks. These program parameters will underpin regular evaluations of program effectiveness by the Centres Secretariat and other parties, including the Treasury Board of Canada.

For More Information

If you have any questions after reviewing the Program Guide, please contact the Centres' Secretariat, toll-free, at 1-800-815-8979.

2. MANDATE, VISION AND GOAL

Throughout the development of the Centres of Excellence for Children's Well-Being initiative, Health Canada has engaged a range of stakeholders from across the county representing child serving agencies, universities, hospitals, community and Aboriginal groups, non-governmental organizations, governments and others in defining the mandate, vision and goals for the Centres program, the platform model, the governance structure and the issues which the Centres will be addressing during the five year mandate of the program (see Appendix A - Background).
The mandate of the Centres of Excellence program is to ensure that advanced knowledge on key issues of children's health is disseminated effectively to those who need it most. This includes parents, children and youth, service providers, community groups, researchers, non-government organizations and federal, provincial and territorial governments.

The vision of the Centres program is to enhance Canadians' understanding of, and responsiveness to, the physical and mental health needs of children and the critical factors for healthy child development.

The goal is to produce concrete and specific outcomes and/or products that will lead to a wider understanding of issues associated with children's health and well-being within the five-year lifetime of the program.

3. FIVE FUNCTIONS

Consistent with the program's mandate, vision and mission, the work and allocation of resources of the Centres will focus on five functions:

I. Collection and Analysis of Health Information and Data

This may involve literature reviews, surveys and consolidation of existing health information and data. Pertinent information will be compiled for use and analysis to provide the context and foundation for more extensive research, as well as for dissemination activities. Gathering material from other sources and investigating how the data and information are currently being used by stakeholders should enable the Centres to target communication products effectively.

II. Conduct Focussed Research Related to the Five Chosen Issues

This may involve applied or pure research on the platform issue areas. The research may not be limited to scientific studies, and should be collaborative in orientation.

III. Provision of Policy Advice to Governments and Child-Serving Agencies

This may involve organizing or participating in conferences, symposia and workshops with other child and health related organizations and government decision-makers. Federal, provincial and territorial departments and ministries representing education, health, integrated services, social services, industry and human resources may be involved as partners in this and other aspects of the Centres' work. Particular emphasis will be placed on translating research findings into effective policy advice to departments and child-serving agencies.

IV. Generation and Communication of Information to a Wide Range of Audiences

The results of the Centres' collection and analysis of health information and research will be assembled to produce pamphlets, brochures, reports, studies, research papers and other creative communications materials for dissemination to diverse target audiences. This will include electronic media such as web sites, toll-free numbers, web conferencing and fax-back services as well as interactive communication channels such as symposia and workshops.

V. Establishment of Local, National and International Networks of Individuals and Groups Involved in Children's Well-Being

Central to the platform model is the creation and maintenance of national partnerships. The Centres will explore strategic partnerships and work with a diversity of child-serving organizations while making efforts to ensure that efforts are not duplicated. This may involve sharing information, collaborating on research findings, organizing and attending conferences, combining dissemination efforts and working together to bring the Centres' work on children's issues to the attention of national and international fora. Networks will be created and sustained through innovative use of information and communication technologies.

4. GUIDING PRINCIPLES

The development, implementation and work of the Centres program will be guided by the following core principles:

Centres will address the broad spectrum of child and youth determinants of health and outcomes and not exclusively academic issues.

Centres will give special consideration to the unique needs of Canada's Aboriginal children, their families and communities.

Centres will not duplicate, but rather will complement, existing and emerging federal, provincial, and territorial initiatives.

Centres will address issues of national significance, build on existing expertise, and link community-based and academic sectors.

Centres, as a federal contribution to the National Children's Agenda (NCA), will be guided by the NCA themes as a framework for issue selection and inter-sectoral and multi-disciplinary collaboration.

Centres will work to ensure that important knowledge is broadly disseminated across all communities so as to effectively place this information in the hands of Canada's parents, service providers and communities.

Centres will be supportive of activities to enhance outcome measurement and to reinforce public accountability within all relevant sectors.

Centres will promote child and youth participation as well as citizen participation from a variety of age and population groups.

5. DELIVERABLES

Each Centre is responsible for a number of concrete deliverables within the five functions, as follows:

- Each Centre will be a source or centre of knowledge development by generating and gathering relevant health information and data through focussed research.

- Data will be compiled, analyzed and interpreted to produce materials such as brochures, pamphlets, reports, studies and instructional material so that it can be communicated to a wide range of audiences.

- Parents, children and youth, community-based organizations, service providers, non-government organizations and federal, provincial and territorial governments will be provided with understandable and useful knowledge regarding children's health and well-being.

- There will be informed decision-making as policies and program development will be based on the increased information made available by the Centres.

- This information will be disseminated through such vehicles as conferences, symposia, Health Canada publications, stakeholders, strategic partners, web sites and the Centres themselves.

- In order to build upon the already existing knowledge and information available on children's issues, strategic partnerships will be established that will create synergies and networks to promote effective cooperation and inter-sectoral and multi-disciplinary collaboration.

- This will facilitate more efficient and effective communication of information on children's well-being to target audiences.

6. OUTCOMES

When the Centres' five year mandate draws to a close, it is expected that:

- There will be a wider understanding of the five platform issues.

- This increased knowledge, through evidence-based, focussed and applied research, will lead to more informed decision-making on existing and emerging child and youth-related health policies and programs as it relates to the five platforms.

This initiative will help reduce duplication of efforts and facilitate greater cooperation in the various sectors (government, academic, medical, social, and community) working on children's issues.

There will be increased partnerships through greater inter-sectoral and multi-disciplinary collaboration. This will result in a better application of knowledge and will lead to a greater availability of information for those who need it most.

7. ACCOUNTABILITY AND EVALUATION FRAMEWORKS

As per Treasury Board regulations, each Centre of Excellence will be required to work with Health Canada on detailed accountability and evaluation frameworks. These frameworks will be developed in conjunction with detailed work plans and will reflect revisions to proposals as set out in the recommendations (see Orientation Binder, Tab 3).

Work plans must reflect the five functions, with an emphasis on activities leading to tangible outputs and outcomes. Performance measurement will be conducted on an annual basis for each Centre, and funding for subsequent years will be contingent upon the review of annual reports by the NEAC.

Accountability frameworks will be developed by each Centre in consultation with the Centres Secretariat immediately following the signing of the first contribution agreement. These frameworks should identify immediate, mid-term and long-term outcomes. Evaluation plans will also be developed for each Centre, using clear and meaningful indicators against which the success of the Centre's activities and the Program as a whole can be assessed. The evaluation plans will outline methodology, quantitative and qualitative measurements, target audiences, etc. for purposes of evaluating the overall progress and achievement of the Centres' main activities. For more details on accountability, please see the Financial Management Guide (Tab 6).

8. PLATFORM MODEL

Pursuant to national consultations in 1997, the Centres of Excellence for Children's Well-Being will operate based on a 'platform model'. The platform model entails linking expertise together, regardless of where it is situated organizationally or geographically, to address a statement of work on a specific issue. For the Centres of Excellence, this means that a group or consortium, composed of individuals and organizations, will co-operate or partner to address a key issue regarding children's well-being.

At the hub of each Centre, the sponsoring organization will serve as the Centre's administrative leader – a known and established entity that can co-ordinate, lead and manage the work and administration of the Centre. According to the platform model, the Centre will exist within the infrastructure of that sponsoring organization. It will have no physical or corporeal existence beyond that and, as such, program funds should not be used for capital expenditures.

Each Centre will include a small number of key and equal partners, located across the country which, along with the sponsoring organization, will play a directive role in the work of the Centre. Building on the existing infrastructure of the sponsoring organization, and with the support and guidance of its key partners, each Centre will link organizations and individuals with demonstrated expertise from the academic, non-governmental organization, community, private and government sectors of the country.

9. PROGRAM GOVERNANCE STRUCTURE

A. The National Expert Advisory Committee (NEAC)

The permanent National Expert Advisory Committee will be responsible to Health Canada for assessing the performance of the five Centres of Excellence. Specifically, the NEAC will be involved with the overview of the Centres' operations, approval of multi-year work plans and accompanying budgets, and the examination of reports, audits and reviews.

B. Principal Functions of the NEAC

The role of NEAC members is to provide expertise on children's health and well-being issues, as opposed to representing the views of their home or other organizations or the interests of a particular group or region. The principal functions of the Committee are:

- **Stewardship:** Contributing to and advising on vision and strategic direction, providing advice for growth, and ensuring that service commitments are of a high quality.

- **Evaluation and Accountability:** Reviewing reports submitted annually by the Centres in light of pre-agreed accountability frameworks and performance standards, developed during the start-up phase of the Program; assessing the Centres' potential to fulfill program requirements based on work plans and projected spending and providing direction on achieving the five functions as set out in the Program Guide; and, determining whether cost-effectiveness and value for money has been achieved over the long term.

- **Outreach and Ambassadorial:** Scanning and monitoring the environment, soliciting input, and communicating with constituents; promoting initiatives and contributing to their credibility; and, facilitating the exchange of perspectives.

- **Advice and Guidance:** Advising on implementation and maintenance, communications and dissemination, policy linkages and strategic partnerships.

- **Direction:** Providing leadership to NEAC Sub-Committees regarding the work of the Centres.

- **Assessment and Reflection:** Regularly reviewing the NEAC's functions and effectiveness, as well as that of the NEAC Sub-Committees.

10. SECRETARIAT

The Secretariat, based within the Childhood and Youth Division of Health Canada's Centre for Healthy Human Development, is responsible for providing leadership and guidance for the development, implementation and operations of the Centres of Excellence for Children's Well-Being Program.

A. Leadership

The Secretariat will play a leadership role in establishing the Centres of Excellence program as a best practice in inter-sectoral collaboration, networking and integration, citizen engagement and innovative knowledge development. In addition to serving as the central connecting point for the Centres as they work to achieve a common mandate, the Secretariat will facilitate linkages between the Centres and the NEAC, and identify opportunities to achieve synergies on a national scale. The Secretariat will assist the Centres in their efforts to put information into the hands of those who need it most, and to contribute to informed policy making, program development, health promotion and service delivery choices.

The Secretariat is committed to the pioneering use of communication and information technology to support the National Expert Advisory Committee, the Centres of Excellence, and the maintenance and expansion of consortium networks.

The Secretariat's vision is to ensure that the Centres program maximizes its potential as a unique and innovative mechanism to exert a tangible impact on the improvement of children's health in a way that is ground-breaking, fundamentally collaborative and worthy of emulation, as the basis for networks and activities that are sustainable beyond the five-year mandate of the Centres Program.

B. Principal Functions

Key functions to be carried out by the Centres Secretariat include:

I. Monitoring & Reporting

The Secretariat will manage and coordinate the collection of reporting information in accordance with Health Canada and Treasury Board guidelines. The Secretariat will serve as the liaison between the Centres, the National Expert Advisory Committee and the Department in establishing, reviewing and reporting on Centres' accountability frameworks and evaluation plans, and on executing regular Program evaluations. Key activities include:

- # providing advice and assistance regarding the establishment and maintenance of the Centres' financial and administrative records according to Treasury Board standards and departmental policies on grants and contributions;
- # working with the Centres to establish work plans that reflect approved program objectives;
- # negotiating contribution agreements;
- # establishing and monitoring accountability and evaluation frameworks with the Centres and conducting regular program evaluations; and,
- # reporting Centres' progress to the Treasury Board, the Minister of Health and others as appropriate.

II. Facilitation & Coordination

The Secretariat will fulfill a range of facilitation and coordination needs, including preparation for meetings and workshops, and extending as well into areas of information sharing and exchange of best practices between Centres, with the NEAC, and with Health Canada. Activities will include:

- # coordinating and facilitating conference calls with Centres representatives, meetings of the National Expert Advisory Committee, and annual workshops;
- # facilitating the development of strategic linkages among stakeholders, within Health Canada and between other government initiatives where appropriate;
- # helping to build bridges between the Centres and government policy and decision makers.

III. Production of Program Materials

While each of the Centres will be producing health promotion materials, the Centres Secretariat will produce and distribute supporting program materials for use by the Centres of Excellence in developing and implementing their proposals, as well as general Centres materials for public consumption. This includes:

- # production and distribution of Centres program materials to assist with program definition and guidelines for use by Centres (e.g. Program, Communications and Financial Management Guides); and,

- # production and distribution of materials for the general public, which may include newsletters, web site content, media kits, etc.

IV. Showcasing

The Secretariat will play a key role in showcasing and promoting the Centres Program, both within and outside the federal government. This includes:

- # advancing the program identity nationally through a common branding strategy, sharing information and best practices, and program promotion;

- # playing a leadership role in the development and use of new and effective communications media;

- # serving as the strategic communications porthole for relaying key messages to stakeholders, the public and the media; and,

- # providing leadership and guidance for the Centres' communications and dissemination plans, and identifying leveraging opportunities.

V. Identification of Strategic Opportunities

The Secretariat is committed to identifying opportunities to maximize the efforts and/or profile the work of individual Centres in areas such as policy, research, dissemination, and communication. Supporting activities will include:

- # identifying communication, marketing and media opportunities, as well as avenues for dissemination of Centres' products;

- # attracting expertise to support Centres' activities;

- # identifying opportunities to link research and policy development in a way that is meaningful for both communities;
- # identifying upcoming events, meetings, symposia and workshops relevant to the work of the Centres; and,

- # identifying opportunities to support Centres' work and activities using information and communication technologies.

VI. Environmental Tracking

Given the Secretariat's position within Health Canada's Childhood and Youth Division, the team is well-positioned to track local, national and international trends as they relate to the work of the Centres, and to share this information with the Centres themselves, as well as with the NEAC and others, in order to contextualize the program within broader work on issues affecting the health and well-being of children and youth. Contributions the Secretariat will make in this area include:

tracking local, national and international developments in policy, legislation, programs, priorities in the area of children's health and well-being;

capturing local, national and international trends in knowledge development in the areas of children's health, health promotion, social marketing, networking and the dissemination of health information;

following progress, best practices, challenges and developments in other Centres of Excellence programs (e.g. Women's Centres, Networks of Centres of Excellence); and,

surveillance of key information portals for issues affecting children's health, including traditional publications and web sites.

The role of the Secretariat will evolve, with input from the Centres of Excellence, the NEAC and Health Canada, as the program evolves.

11. OTHER RELEVANT INITIATIVES

While innovative in its field, the Centres of Excellence program includes some areas of similarity to other knowledge development initiatives and programs in the area of children's health. As one of the guiding principles of the Centres initiative is non-duplication of efforts, it will be important to build on and/or complement other initiatives where appropriate. Initiatives for consideration include:

A. National Children's Agenda (NCA)

The National Children's Agenda is a collaborative initiative of federal-provincial-territorial governments. The core of the agenda is its vision and values for children, founded on the belief that children's well-being is a priority for all Canadians. The Agenda supports the critical and primary role that parents, families and communities play in the lives of their children. The NCA reflects the belief that the enhancement of the well-being of children is the joint responsibility of governments and all Canadians and reflects a commitment among governments, the private sector, community organizations and other groups and individuals across society to undertake collaborative partnerships on behalf of children in Canada.

A report on the outcome of the dialogue process: ***Public Report: Public Dialogue on the National Children's Agenda*** was released by the Federal/Provincial/Territorial Council on Social Policy Renewal on June 21, 2000. The report illustrates how the NCA vision is already influencing intersectoral collaboration in the area of early childhood development (ECD), adolescent development and in looking at better ways of monitoring the progress of children and sharing effective approaches. It is expected that the cross-sectoral work on ECD agreement implementation could inform the future work on the NCA. The most relevant areas are sharing effective practices, public reporting and establishing child outcomes and promoting public engagement in the NCA.

The Centres of Excellence for Children's Well-Being has been identified as part of the federal contribution to the National Children's Agenda.

B. Early Childhood Development

On September 11, 2000, First Ministers, with the exception of the Premier of Québec, issued the "*First Ministers' Meeting Communiqué on Early Childhood Development*". The Communiqué makes improving early childhood development (ECD) a national priority and commits federal, provincial and territorial governments to work together to improve services and supports for children up to six years of age.

This initiative represents concrete action on early childhood development, one of the key policy areas identified in the National Children's Agenda. In support of the agreement reached by First Ministers, the Government of Canada will transfer $2.2 Billion to provinces and territories, via the Canada Health and Social Transfer, over the next five years. This contribution, plus additional contributions from provinces and territories, will be invested in four priority areas to:

- enhance the promotion of healthy pregnancy, birth and infancy;
- improve parenting and family supports;
- strengthen early childhood development, learning and care; and
- strengthen community supports.

The federal government will also identify its contributions to ECD - including investments that support the priority areas - in research, surveillance and monitoring, innovative programming and public education.

C. The Canadian Women's Health Network (CWHN) and the Centres of Excellence for Women's Health

Health Canada's Centres of Excellence for Women's Health Program strengthens policy-focussed research on women's health in Canada by providing unique opportunities for collaboration among community-based women's health groups, service providers and academic researchers. The CWHN works with the Centres of Excellence for Women's Health Program to further promote communication, information sharing and interaction among all interested groups and individuals. The Centres of Excellence for Women's Health is an important precursor to the Centres of Excellence for Children's Well-Being, and will be an ongoing point of reference for advice and best practices.

D. Canadian Institutes For Health Research (CIHR)

The CIHR will be pursuing the integration of the four sectors of health research: basic biomedical research; clinical research; research in health services and systems; and research related to society, culture and the health of populations.

The mandate of the Centres of Excellence for Children's Well-Being initiative, on the other hand, is to gather and distribute information regarding children's issues and to ensure that important knowledge with regard to understanding children and their healthy development is broadly distributed among families, community-based organizations, educators, health professionals, non-government organizations and governments.
The Centres will complement the future research work of the CIHR, particularly in the area of dissemination of important research findings, the use of these findings for providing policy and program advice to decision-makers, and creating and sustaining networks.

E. Networks of Centres of Excellence (NCE)

The NCE is an initiative of Industry Canada and three partner granting councils (Medical Research Council of Canada, Natural Sciences and Engineering Research Council of Canada and Social Sciences and Humanities Research Council). The goal of the NCE program is to mobilize Canada's research talent in the academic, private and public sectors and apply it to the task of developing the economy and improving the quality of life of Canadians. NCE research is more closely related to technology, medical sciences and industry, including tele-communications, robotics and the study of genetic diseases than research collection and dissemination.

Until May 1, 2000 the NCE Program was receiving letters of intent for four new research areas, one of which is Early Child Development and its Impact on Society. The two initiatives do share similar approaches, such as working collaboratively to advance knowledge and the building of partnerships and networking, particularly in the area of research. Both programs will work to ensure information and program developments related to the Early Child Development platform is shared between these two initiatives.

F. National Longitudinal Survey on Children and Youth (NLSCY)

The NLSCY is a long-term study that will follow a sample of Canadian children into adulthood. The study is being conducted in partnership by Human Resources Development Canada and Statistics Canada. The NLSCY enables us, for the first time, to explore the role that a broad range of factors play in shaping long-term outcomes for Canadian children.

G. Canada Prenatal Nutrition Program (CPNP)

CPNP is a Red Book initiative announced in July 1994. Funded by Health Canada and co-managed with the provinces and territories, CPNP helps communities develop or enhance programs for at-risk pregnant women in order to improve birth outcomes. CPNP is a comprehensive program and provides

resources for community-based projects to offer food supplementation, nutrition counselling, support, education, referral and counselling on such lifestyle issues as alcohol abuse, stress and family violence. The program is aimed at helping pregnant women who:

- are living in poverty;
- are teenagers;
- drink alcohol or use other drugs;
- are living in an abusive situation;
- are Métis, Inuit and First Nations individuals;
- are refugees;
- are living in isolation or do not have access to services; or
- have been diagnosed with gestational diabetes.

H. Community Action Program for Children (CAPC)

CAPC, also delivered through Health Canada regional offices, and managed jointly by the federal and provincial/territorial governments, provides long term funding to community coalitions to establish and deliver services that respond to the health and development needs of children (0 - 6 years of age) who are living in conditions of risk. It recognizes that communities have the capacity to identify and respond to the needs of their children and places a strong emphasis on coalition/partnership building. CAPC projects provide parents with the support, information and skills they need to raise their children. There are 499 CAPC projects across Canada delivering a wide range programs, including established models (e.g. family resource centres, home visiting) and innovative models (e.g. street level programs for mothers who abuse substances).

I. Aboriginal Head Start (AHS)

Aboriginal Head Start is an early intervention program for young Aboriginal children (zero to six years) and their families. In 1998, the program was expanded to include First Nations children and families on reserve. Each project is designed in consultation with local Aboriginal groups. The program provides funding and involves parents and the Aboriginal community in the design and implementation of preschool projects that include the following components:

- culture and language,
- education,
- health promotion,
- nutrition,
- social support programs, and
- parental involvement.

One of the guiding principles for the development and work of the Centres is that they not duplicate, but rather complement existing and emerging federal-provincial and territorial initiatives. During the

mandate of the Centres Program there will be ongoing cooperation with other emerging initiatives to ensure efforts are collaborative, building on existing work and knowledge. For a more comprehensive listing and description of other related federal initiatives, please refer to the *Guide to Federal Programs and Services for Children and Youth* (http://www.hc-sc.gc.ca/hppb/childhood-youth/guide/guide.htm).

APPENDIX A

BACKGROUND

A. Commitment

The Centres of Excellence for Children's Well-Being is part of the federal government's contribution to the National Children's Agenda (NCA). Health Canada has committed $20 million over 5 years for the Centres Program, with the mandate of ensuring that advanced knowledge is disseminated more broadly among families, community-based organizations, service providers, non-government organizations (NGOs) and federal, provincial and territorial governments to improve our understanding of children and what they need to develop in healthy ways.

B. Development

Following the announcement of the Centres initiative in the 1997 Speech from the Throne, Health Canada held discussions with stakeholders across the country. These stakeholders represented the various sectors involved in child and youth health and well-being, including representatives of the Aboriginal community, service providers, parents, non-government organizations, community groups, researchers and governments. During this initial stage of development, a Feasibility Study and an Environmental Scan were conducted to examine 55 existing models of Centres of Excellence. This analysis, combined with input from stakeholders, led to the guiding principles of the Centres Program and the selection of a 'platform model' as the design concept for the Centres.

In the fall of 1998 Health Canada commissioned a provincial-territorial and Scan of Non-Governmental Organizations (NGOs) to identify core national priorities and to ensure that the work of the Centres would complement existing efforts.

C. Governance

In response to stakeholders' recommendation that the Centres program be supported by the expertise of a multi-sectoral committee, the Minister of Health announced the creation of the Interim National Expert Advisory Committee (INEAC) in February 1999. The mandate of the INEAC was to guide and advise on the development and implementation of the Centres of Excellence initiative.

D. Search for Issues

In March and April of 1999, Health Canada conducted a broad search for children's issues of national significance that the Centres of Excellence could address within their five year mandate. This multi-faceted consultation process allowed stakeholders across the country to participate by contributing their ideas directly through the Centres web site, by fax or mail, or by attending one of six regional discussions. Over 400 stakeholders participated in this process.

The submissions were tabulated and reviewed by the INEAC, leading to the recommendation of five potential Centres of Excellence platform issues: Early Child Development; Children and Adolescents with Special Needs; Child and Youth-Centred Communities; Youth Engagement; and, Effective Parenting.

E. Selection Process - Stage I

Between November 8, 1999 and January 7, 2000, a solicitation of Letters of Intent (LOIs) from stakeholders was conducted for the creation of up to five Centres of Excellence for Children's Well-Being. In total 72 LOIs were received from stakeholders across the country, representing national consortia from across sectors and disciplines. The review of LOIs was based on a rigorous two-stage process: review by a 16-member interdepartmental committee and review by the INEAC.

On February 3 and 4, 2000, the INEAC met to review the LOIs based on the suitability of their goals and plans to form the basis for a Centre of Excellence. Based on this review, the INEAC selected ten sponsoring organizations to submit detailed proposals. These organizations were selected for their strong ideas, the make-up of their consortia, the feasibility of completing their work within five years, and the likelihood of concrete outcomes at the end of five years, as outlined in the LOIs.

F. Selection Process - Stage II

Invitations to submit full proposals were issued to the ten sponsoring organizations identified by the INEAC on February 7, 2000. Letters were also sent to the 62 applicants who were not successful. These organizations were encouraged to express their interest in participating in one of the ten consortia that were to submit a proposal by registering on the Centres' web site or by calling the toll-free number.

As part of the selection process, representatives of all ten sponsoring organizations or their consortia were invited to appear before the INEAC at a three-day meeting in March 2000 to present their detailed proposals. Based on an analysis of the presentations and the proposals themselves, the INEAC identified those submissions that promised to make the most significant and innovative contributions to the health and well-being of Canadian children, and held the greatest potential for success. This analysis formed the basis of recommendations to the Minister of Health.